

The Honorable Lauren King

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official capacity
as President of the United States, et al.,

Defendants.

NO. 2:25-cv-00244-LK

DECLARATION OF
EMERY NELSEN-BARBOSA

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NO. 2:25-cv-00244-LK

ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
(206) 464-7744

1 I, EMERY NELSEN-BARBOSA, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
3 this declaration based on my personal knowledge.

4 2. I am a fully licensed marriage and family therapist. I hold licenses in the states of
5 Washington and Colorado. I graduated with my master's degree in Marriage & Family Therapy
6 from Seattle Pacific University in 2019.

7 3. I started working in the mental health field about ten years ago, before I was
8 getting my master's degree. As part of my graduate program, I interned with a community health
9 provider. As a trans nonbinary person myself, trans and gender expansive patients gravitated to
10 me, and I began to focus my practice on mental health needs having to do with the exploration
11 of sexuality and gender identity. Over the years, I have worked for numerous mental health care
12 providers, ranging from community mental health to private practice, always with this emphasis.
13 About 5 years ago, I began exclusively seeing patients for these issues, focusing on adolescents
14 and young adults. About one year ago, I opened my own practice. I currently reside in Colorado,
15 but the majority of my patients live in Washington.

16 4. My clientele is made up almost entirely of gender expansive youth. By "gender
17 expansive" I mean youth who do not identify with the sex they were assigned at birth and this
18 term includes transgender, non-binary, and two spirit youth, among others.

19 5. My work consists of providing individual and family counseling to youth
20 suffering from a wide range of mental health problems, including suicidal ideation and self-
21 harm. There are kids with gender dysphoria that hate themselves and their body and seek out
22 therapy because they can't put into words the incongruence they feel between their body and
23 who they are on the inside. It is not uncommon for youth to hurt themselves or cut themselves
24 because of this deeply felt incongruence. I've had youth come to me after trying to cut off parts
25 of their body that cause them distress. Access to gender-affirming care is lifesaving for them.
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1 6. The process of receiving gender-affirming care is different from patient to patient,
2 but one thing they all have in common is that the process is not quick. It can take weeks to get
3 referrals to a specialist, months to be seen, and years to start receiving medical gender-affirming
4 care, such as puberty blockers or hormone therapy. Kids come to me at different places in their
5 journey: some already have a gender dysphoria diagnosis, some don't. As a provider, I make
6 sure to fully and completely evaluate my patients before making any kind of official diagnosis
7 in their chart. We spend a lot of time together, talking through the outcomes and the implications
8 of each decision, at each point in the process. These conversations include their caregivers or
9 any other adults that support them in their lives.

10 7. For example, testosterone therapy may cause irreversible changes for some
11 patients, including a permanent deepening of the voice. I spend a lot of time with my patients
12 exploring these options so that if a patient and their family is considering that sort of care it is
13 fully thought through, and the patient is fully committed to taking these steps, regardless of the
14 outcome.

15 8. Access to gender-affirming care can be a challenge. There are only a small
16 number of providers of treatments, such as puberty blockers and gender-affirming hormone
17 therapy, that truly specialize in providing these treatments to adolescents. Seeing a specialist,
18 which I consider to be the gold-standard of care, can mean a waitlist of six to twelve months.
19 While these sorts of services can be had at any primary care provider, in my experience non-
20 specialists do not have the experience or training to treat gender expansive adolescents
21 specifically and may not follow-up appropriately or make psychologically harmful mistakes such
22 as misgendering their patients. When it comes to gender-affirming surgical care, the number of
23 providers is quite small, and this care is very far from accessible.

24 9. I've had many patients throughout the years, and I've seen the effects of having
25 support and the effects of not having support. There was a 12-year-old kid that came to me for
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1 therapy after a suicide attempt. I determined quickly after thorough examination that they were
2 experiencing gender dysphoria, leading to significant mental health distress and suicidal
3 ideation. Their parents were against any sort of medical gender-affirming care, despite numerous
4 family therapy sessions; in these sessions, I worked with the parents to outline simple ways to
5 affirm them in their identity outside of medical intervention, like allowing them to express
6 themselves in their clothing choices, accessing binders, or using their correct name and
7 pronouns. I did this while also emphasizing that while these could make meaningful change,
8 their mental health would not improve significantly without access to the medical gender-
9 affirming care that they were seeking. The parents felt that because their child was not 18, they
10 couldn't make these decisions for themselves, and they weren't going to support them in accessing
11 medical gender-affirming services. I did the best I could for about 3 years, but this child never
12 saw meaningful mental health progress, and attempted suicide a second time. At that point, the
13 parents decided that therapy was not working and decided to stop seeing me. I have no idea how
14 that child is doing today. It haunts me.

15 10. I had another child whose parents were very supportive. The child was having a
16 hard time at school, experiencing issues with focus and attention. After about three or four
17 months of talking, we discovered that this child was non-binary and did not have the language
18 to describe the incongruence they were feeling in their body that was causing them significant
19 distress. I was able to refer them to a clinic where they could receive gender-affirming care, and
20 they started on puberty blockers. After that, they were much happier, they were able to
21 communicate with their family in a better manner, and they felt more congruent in their body,
22 as it started to reflect who they felt like they are. They just had top surgery about two weeks ago,
23 and they're working on enrolling in the Running Start program, a way for high school students
24 to attend college courses and receive college credits.
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1 11. I have never had a patient that experiences or expresses any kind of regret after
2 receiving gender-affirming care. In fact, for the most part, the patients that I see stop coming to
3 therapy when they receive gender-affirming care. They just don't need mental health support
4 anymore. There's a uselessness in my role when kids start hormone therapy or puberty blockers,
5 or their period stops. They feel more congruent in their bodies, and the mental health issues that
6 I work to treat disappear.

7 12. I am aware of the Executive Order putting funding conditions on gender-
8 affirming care for youth and threatening to investigate or prosecute providers of gender-
9 affirming care. It's causing panic among my patients and their families. Not only is the loss of
10 care a factor, but also the fear of prosecution from the Department of Justice. I have patients that
11 express discomfort at the idea of having gender dysphoria as a diagnosis in their medical records.
12 They ask me about any sort of transgender hit list that the government might have, and I have
13 no idea what to tell them. Some patients want to know what I'm doing to protect their data and
14 the information that I disclose in their medical charts.

15 13. I am also aware of this lawsuit and of the temporary restraining order that was
16 entered against the Executive Order. While there is still considerable uncertainty and a degree
17 of panic among my patients and their families, I am aware of healthcare providers who stopped
18 providing certain gender-affirming services and are now again providing them because the
19 temporary restraining order was entered. I want the Executive Order to be enjoined with a
20 preliminary injunction because that would help my patients to get the care that they need and
21 deserve.

22 14. I'm fully aware that even signing this declaration could put a target on me, but I
23 feel a responsibility as both a transgender person and as transgender practitioner to do something
24 and to speak up. Personally, I do worry about physical attacks and bodily harm from individuals
25 who feel emboldened by this administration's rhetoric towards trans people. Violence against
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1 trans people is not new, but I worry about people committing crimes in the name of the President
2 and feeling as if they'll be pardoned for it. While these fears are very real, they do not and will
3 not stop me from advocating for my transgender patients who deserve their gender-affirming
4 care to be accessible now and in the future.

5 I declare under penalty of perjury under the laws of the State of Washington and the
6 United States of America that the foregoing is true and correct.

7 DATED this 17th day of February 2025.

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10 EMERY NELSEN-BARBOSA
11 MS, LMFT, NEDA Proficient
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